

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90658 007 ****61.25

DOCUMENT # N94000005797

1. Entity Name

**AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

**SOUTHWEST PROPERTY MGMT
 1044 CASTELLO DRIVE #206
 NAPLES FL 34103
 US**

**SOUTHWEST PROPERTY MGMT
 1044 CASTELLO DRIVE #206
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

**Collier Financial, Inc.
 Suite, Apt. #, etc.
 4985 East Tamiami Trail**

**Collier Financial, Inc.
 Suite, Apt. #, etc.
 4985 East Tamiami Trail**

**City & State
 Naples, Florida**

**City & State
 Naples, Florida**

**Zip
 34113**

**Country
 USA**

**Zip
 34113**

**Country
 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.
 1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103**

**Name
 Stephen P. Hark
 Street Address (P.O. Box Number is Not Acceptable)
 4985 East Tamiami Trail
 City
 Naples FL Zip Code
 34113**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Stephen P. Hark 4/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNOW, DON 550 GABRIEL CIRCLE, #3 NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNDAGE, HAL HAROLD 550 GABRIEL CIRCLE, #7 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD GREEN, ALLEN 550 GABRIEL CIRCLE, #6 NAPLES FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA RANDLETT 516 GABRIEL CIRCLE #7 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD Barbara Randlett 516 Gabriel Circle #7 Naples, Florida 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Randlett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

(239)
 777-7089

Date

Daytime Phone #

CR2E037 (9/01)